

Foster Family Home - Corrective Action Report

Provider ID: 1-511156

Home Name: Rosita Peneku, CNA

Review ID: 1-511156-6

89-210 Huikala Place

Reviewer: David Ayling

Waianae

HI 96792

Begin Date: 6/28/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 6/28/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

David A. Ayling
Compliance Manager

Rosita J. Peneku
Primary Care Giver

6/28/19
Date

6/28/19
Date